

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005908

FILED
Mar 28, 2009
Secretary of State

Entity Name: COCO LOPEZ, INC.

Current Principal Place of Business:

3401 SW 160TH AVENUE
SUITE 350
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

3401 SW 160TH AVENUE
SUITE 350
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 66-0508917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VARGAS, LEONARDO
Address: AVE NUNEZ CACERES, ESQUINA CALLE 1RA
City-St-Zip: SANTO DOMINGO, DOMINICAN REP,

Title: DVT () Delete
Name: ALEXANDER, GISELA
Address: 424 LAKEVIEW DR, #201
City-St-Zip: WESTON, FL 33326

Title: DS () Delete
Name: NICOLAS, MANUEL
Address: AVE NUNEZ CACERES, ESQUINA CALLE 1RA
City-St-Zip: SANTO DOMINGO, DOMINICAN REP,

Title: S () Delete
Name: RIVERA, HERNANDO A
Address: 1603 PONCE DE LEON AVE.
City-St-Zip: SANTURCE, PR 00909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELA ALEXANDER

DVT

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date